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APPLICANTS

Mark Damon Schneider, New South Wales, AUSTRALIA;
 Henricus Raath, New South Wales, AUSTRALIA;
 Colin Arthur Lipworth, New South Wales, AUSTRALIA;

** CONTINUING DATA *****
cu

** FOREIGN APPLICATIONS *****
cu

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>cu</i> Initials	STATE OR COUNTRY AUSTRALIA	SHEETS DRAWING 5	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3
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ADDRESS
 26646
 KENYON & KENYON
 ONE BROADWAY
 NEW YORK, NY
 10004

TITLE
 Calculation method and apparatus

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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